



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8173

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/854,039   | <b>FILING DATE</b><br>05/10/2001<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>2166   | <b>ATTORNEY DOCKET NO.</b><br>0720.P001A |                                |
| <b>APPLICANTS</b><br>James P. Blasingame, Del Mar, CA;<br>William C. Mohlenbrock, Del Mar, CA;<br>Neil D. Mackenzie, San Francisco, CA;  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/203,773 05/12/2000  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..</b><br><b>** 07/11/2001</b>   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <input checked="" type="checkbox"/> |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>46   | <b>TOTAL CLAIMS</b><br>32                | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>022833   |   |                               |   |  |                                |
| <b>TITLE</b><br>Networked medical information system for clinical practices  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>608  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |